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** CONTINUING DATA *****

This application is a ~~Div~~ CON of 09/798,441 03/02/2001 ABN
 which is a ~~CON~~ of 08/916,490 08/22/1997 PAT 6,206,931
 which claims benefit of 60/024,542 08/23/1996
 and claims benefit of 60/024,693 09/06/1996

(*Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

06/07/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		IN	1	28	2

ADDRESS

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 UNITED STATES

TITLE

Graft prosthesis, materials and methods

FILING FEE RECEIVED 1710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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